MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE																	
	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									10	0/5895712			FILING DATE			
-	· · · · · · · · · · · · · · · · · · ·		I O I O	OE W	11111	ORM F	10-875	APPLICA	ANT(S)				<u> </u>				
		0.00	~	1	AFT	EP	A To		CLAIM	\underline{S}							
	AS FILED		1.	I" AMENDMENT		AFTER 2 MAMENDMENT				ASI	AS FILED		AFTER		AFTER		
<u> </u>	IN	D.	DEP.	IN	IND. DEP.		IND. DEP.		1 1		J			I"AMENDMENT		2 AMENDMENT	
$\frac{1}{2}$	/_		•	17					l t	51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
3		-+		-			• •			52							
4				17					-	53 54	 						
5			1					·		55	 	·					
7	1	_	2	 	-					56							
8			1			\dashv			-	57 58	 						
9	-		-4						·	59	 						
11		-	2							60							
12			0						· }-	62	··-						
13 14			<u> </u>							63				·			
15				·		- -				64							
16 17									 -	65 66							
18	 							·		67							
19									<u> </u>	68 69							
20	-	- -								70	 						
22	1									71							
23										72 73							
24. 25		+								74			 -				
26					+					75 76							
27 28	 	-		<u> </u>						77							
29	1.	\dashv								78							
30										79 30							
- <u>31</u>	╂									31	 -						
33		_			+	- 1				32						-	
34										3	·						
35 36	 	-			`				- 8	5							
37				•	+-				8	6							
38 39	<u> </u>								8								
40		+			-				8						-	-	
41				······································					9			-					
42		+		· · ·					9:							·	
44		+-	_						9:		7.1				-		
45									9.		·						
46 47		 	-						90								
48		┼			 			_	97								
49						_			98							」 .	
50		-							10							_	
TOTAL IND.	2		-	2			1		TOTAL	IND.	1	,	1		1		
OTAL DEP.	13	***************	1		-	ngis .	+		TOTAL	DEP	*		4		43		
CLAIMS	15			8					TOTA	i.							